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## APPLICANTS

Guy Michael Miller, San Jose, CA;  
 Lesley A. Brown, San Jose, CA;  
 Ughetta Del Balzo, Morgan Hill, CA;  
 Stephen Flaim, San Diego, CA;  
 Sekhar Boddupalli, San Jose, CA;  
 Bing Wang, Cupertino, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLN CLAIMS BENEFIT OF 60/256,269 12/15/2000  
 AND CLAIMS BENEFIT OF 60/296,580 06/06/2001

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 01/24/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 57	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature Initials				

## ADDRESS

Gladys H. Monroy  
 Morrison & Foerster LLP  
 755 Page Mill Road  
 Palo Alto, CA 94304-1018

## TITLE

Compositions and methods for the prevention and treatment of cerebral ischemia

FILING FEE RECEIVED 768	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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